

Virginia Division of Forensic Science
VICTIM PHYSICAL EVIDENCE RECOVERY KIT EXAMINATION WORKSHEET

CONTAINER#: _____ ITEM#: _____ ANALYST: _____ DATE: _____ FS LAB#: _____
Type of seal: _____

PRELIMINARY RESULTS

DESCRIPTION	APPEARANCE	SPERM / SEMINAL FLUID				BLOOD	NOTES
		AP	SMEAR	EXTR	p30	PTMB	
Stain card	Name: _____						
Oral rinse							
Lips/lip area							
Thighs/external genitalia							
Vaginal/cervical							
Perianal/buttocks							
Anorectal							
Add'l:							
Add'l:							
Underpants							
Controls:		Semen:		Semen:			:Blood :Blank
		Blank:		Blank:			
			ABA CARD LOT#:				